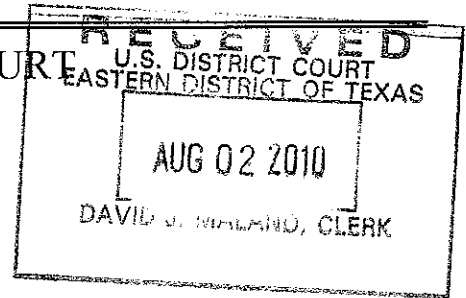


AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas



ADJUSTACAM LLC

Plaintiff

v.

AMAZON.COM, INC., et al.

Defendant

Civil Action No. 6:10-cv-00329

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* KLIP XTREME LLC
By and through it's registered agent:
CFRA, LLC
4221 W. BOY SCOUT BLVD., 10TH FLOOR
TAMPA, FL 33607-5736

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew W. Spangler
Spangler Law P.C.
208 N. Green Street, Suite 300
Longview, Texas 75601

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 7/7/10



CLERK OF COURT

David Malone

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 6:10-cv-00329

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Klip Xtreme LLC
 was received by me on (date) 07/15/2010.

- ☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or
- ☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or
- ☐ I returned the summons unexecuted because _____; or
- ☒ Other (specify): Served certified mail, RRR #7009 2250 0002 8916 9693.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 07/22/2010

Elisha Calhoon
 Server's signature

Elisha Calhoon - Certified Paralegal
 Printed name and title

208 N. Green Street, Suite 300
Longview, Texas 75601

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

TAMPA FL 33607

OFFICIAL USE

Postage	\$	\$2.41
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$7.51

Sent to: **KLIP XTREME LLC**
 By and through it's registered agent:
 Street, or PO: **CFRA, LLC**
 City, St: **4221 W. Boy Scout Blvd., 10th Floor**
Tampa, FL 33607-5736

Postmark: TAMPA FL 07/12/2010

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Antonio Lopez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 7/15/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p>KLIP XTREME LLC By and through it's registered agent: CFRA, LLC 4221 W. Boy Scout Blvd., 10th Floor Tampa, FL 33607-5736</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7009 2250 0002 8916 9693</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540